

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
800.950.7372
Fax: 763.582.6002

Overnight
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Annuity application

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Owner

Select one:	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Trust	<input type="checkbox"/> Custodian	<input type="checkbox"/> Qualified retirement plan
U.S. Citizen?				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(If no, complete W8-BEN)				
147-42-4874	Social Security number/TIN	Date of birth		<input type="checkbox"/> Male
<input type="checkbox"/> Female				
The Brody Family Trust				
First name/trust/corporation name		M.I.	Last name	
395 Wekiu Place				
Street address (No PO Box)				
Lahaina	HI	96761	(808) 214-6146	
City	State	ZIP code	Telephone number	
Kathy Diane Ryan				
Trustee's full legal name (if trust is named)				
Date of trust				

Joint owner

Must be
an individual.

N/A	Date of birth	U.S. Citizen?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
(If no, complete W8-BEN)	<input type="checkbox"/> Male			
<input type="checkbox"/> Female				
Social Security number				
First name	M.I.	Last name	Relationship to owner	
Street address (No PO Box)				
City	State	ZIP code	Telephone number	

Annuitant

If other than
owner or if owner
is a non-individual.

147-42-4874	Date of birth	U.S. Citizen?		
Social Security number		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(If no, complete W8-BEN)	<input type="checkbox"/> Male			
<input type="checkbox"/> Female				
Kathy	D	Ryan	Self	
First name	M.I.	Last name	Relationship to owner(s)	
395 Wekiu Place				
Address				
Lahaina	HI	96761	(808) 214-6146	
City	State	ZIP code	Telephone number	

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Beneficiary designation*

Individual owner/
Joint owner cannot
be a beneficiary.
Unless otherwise
specified, the
surviving
beneficiaries within
a class will
share equally.

Primary	Select one:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Trust
The Brody Family Trust	147-42-4874	Social Security number/date of trust	Relationship to owner(s)	100 %
Primary beneficiary				
Primary	Select one:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust
Primary beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent	%
Contingent	Select one:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Trust
Contingent beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent	%
Contingent	Select one:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust
Contingent beneficiary	Social Security number/date of trust	Relationship to owner(s)	Percent	%

*Use Supplemental Beneficiary Designation Form (NB2292) if more space is needed.

3**Tax plan**

Indicate how
this contract
should be issued.

Nonqualified

- 1035 exchange
 Other Checking

Qualified

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Rollover | <input type="checkbox"/> Qualified retirement plan |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> 401K |
| <input type="checkbox"/> SEP IRA | <input type="checkbox"/> Custodial IRA | |
| <input type="checkbox"/> Simple IRA | <input type="checkbox"/> HR10/Keogh | |

Contribution for tax year 20

Beneficial IRA (NOTE: A tax code must be selected above in addition to this option).
Not available on all products.

If 1035 exchange or tax-qualified transfer, complete the Authorization to Transfer Funds Form (S2255).

4**Annuity products**

Select a product then
select up to 9 (10
for MasterDex X,
365i Annuity,
Endurance Plus
and Allianz 360)
allocations. Indicate
the percentage
for each allocation.

Flexible premium:

- Allianz 222® Annuity
 Allianz 365i® Annuity¹
 Allianz 360SM Annuity with
Benefit Rider¹
 Allianz Endurance[®] Plus Annuity
 Allianz Endurance[®] Elite Annuity
 MasterDex 5 PlusSM Annuity
 MasterDex X[®] Annuity
 Other

Allocation percentages

S&P 500[®] Index

- Annual point-to-point (Standard Index): %
- Monthly sum (Standard Index): %
- Annual point-to-point (Select Index):² %
- Monthly sum (Select Index):² 50 %

Nasdaq-100[®]

- Annual point-to-point:³ %
- Monthly sum: %

FTSE 100[®]

- Annual point-to-point:³ %
- Monthly sum: %

EURO STOXX 50[®]

- Annual point-to-point: %
- Monthly sum: %

Barclays US Dynamic Balance Index⁶

- Annual point-to-point:⁷ %

Russell 2000[®] Index⁵

- Annual point-to-point:³ %
- Monthly sum: %

Blended

- Annual point-to-point:³ %
- Monthly average: %

Fixed Interest

50 %
= 100%

¹If taking immediate income, complete the Lifetime Withdrawal Benefit Election form (S2212-Prefd).

²Only available on the MasterDex X Annuity, 365i Annuity and Endurance Plus Annuity. Additional charges apply for Select Index Allocation options. Not available if requesting immediate income using the Simple Income II, Simple Income III Rider and Income Maximizer Rider.

³Annual point-to-point with a cap is available.

⁴FTSE 100 is not available on the Endurance Elite, Masterdex X, 365i Annuity, 222 Annuity or Allianz 360.

⁵EURO STOXX 50[®] is available for Endurance Elite and MasterDex X.

⁶Barclays US Dynamic Balance Index and Russell 2000[®] Index are only available for Allianz 222 and 360.

⁷Annual point-to-point with a spread is available.

The allocation percentages must be whole numbers and total 100%.

Select a product
then **circle**
the percentage
for each allocation.

Other

Allocation percentages (circle your selection)

- | | | | | | |
|------------------|---|----|----|----|-----|
| • S&P 500 | 0 | 25 | 50 | 75 | 100 |
| • Nasdaq-100 | 0 | 25 | 50 | 75 | 100 |
| • Fixed interest | 0 | 25 | 50 | 75 | 100 |

The allocation percentages must total 100%.

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Annuity products con't
Select a product then indicate the percentage for each allocation.

Single premium:

- Allianz Dominator Plus® Annuity (select term) 5 10
 Immediate Elite® Annuity (complete the state-specific Supplemental Application (A3).
 Other _____

- Allianz Pro V1™ Annuity
 Other _____

Allocation percentages

Barclays Capital U.S. Aggregate Bond Index

• Annual point-to-point: _____ %

PIMCO US Advantage Index™

• Annual point-to-point: _____ %

Fixed Interest:

_____ %

= 100%

The allocation percentages must be whole numbers and total 100%.

5**Riders**

Rider-specific Statement of Understanding must be submitted with the application.

- Income Plus Benefit*: Fees apply. (available for **MasterDex 5 Plus™ Annuity**)
 Simple Income II Rider*: Fees apply (available for **MasterDex X® Annuity**). Select Index Allocation options are not available if requesting immediate income.
 Income Maximizer Rider: Fees apply (available for the **Allianz 365i® Annuity**). Select Index Allocation options are not available if requesting immediate income.
 Other Simple Income III Rider

*If taking immediate income, complete the Income Plus/Simple Income Benefit Election form (S2212-1).

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Premium payment

Cash submitted with application	Transfer/rollover/1035 amount (estimated amount)	Agent-ordered funds (estimated amount)
\$ <u>50,000.00</u>	\$ _____	\$ _____
Billed premium amount	<u>Select mode:</u> <input type="checkbox"/> Single <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (complete EFT authorization and provide voided check)	

7**Replacement**

1. Do you have existing life insurance policies or annuity contracts? Yes No
 2. Will the annuity contract applied for replace or change an existing policy or contract? Yes No

*Complete the appropriate state-specific replacement forms.

8**Additional Questions**

(For the Annuitant, Owner and Beneficiary)

1. Has any party to this application, such as the applicant, proposed annuitant, owner, if other than the applicant, or any beneficiary, entered into or made plans to enter into any agreement to sell or assign the ownership of, or beneficial interest in the applied-for contract? Yes No
2. Has any party to this application, such as the applicant, proposed annuitant, owner, if other than the applicant, or any beneficiary, ever sold, transferred or assigned any annuity contract to a third party? Yes No

9**Primary agent**

Agent number	Christopher	Last name
(714) 330-6233		Commission split percentage 100 %
Telephone number		Production split percentage n/a %

Agent number	First name	Last name
Telephone number		Commission split percentage %
		Production split percentage n/a %

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PIMCO disclaims all warranties, express or implied, including all warranties of merchantability or fitness for a particular purpose or use. PIMCO shall have no responsibility or liability with respect to the annuity.

10 Agreements and signatures

By signing below, the contract owner acknowledges the above statements and understands or agrees to the following:

- All statements and answers given in this or any supplemental applications are true and complete to the best of my knowledge;
- If proof of the annuitant's age is not given at the time of application, the annuitant will furnish Allianz proof before payments begin;
- I may return my contract within the right-to-examine period (shown on the first page of my contract) if I am dissatisfied for any reason;
- I believe this annuity is suitable for my financial goals;
- I acknowledge that the agent of record is my insurance agent for purposes of the Allianz Privacy Policy.

If the contract applied for is a fixed index product, I understand that while the values of this contract may be affected by an external index, the contract does not directly participate in any stock, bond or equity investments. I also understand that I do not own any shares of an index fund or any equity or bond investments. Values shown, other than guaranteed minimum values, are not guaranteed promises or warranties. If the contract applied for is subject to market value adjustment (MVA), I understand that the contract may have increased or decreased contract values due to the MVA.

Telephone authorization - By checking, I authorize and direct Allianz to act on telephone or electronic instructions from my agent and/or anyone authorized by him/her with regards to limited transactions allowed by Allianz. If the box is not checked, this authorization will be permitted for the contract owner only. Allianz will use reasonable procedures to confirm that these instructions are authorized as genuine. As long as these procedures are followed, Allianz and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will be held harmless for any claim, liability, loss, or cost. The electronic transaction privilege may be modified or withdrawn at the discretion of Allianz. This authorization can be revoked at any time with a written cancellation by the contract owner.

Make all checks payable to Allianz. Do not make checks payable to an agency, broker, agent, or leave blank.

LAHARIVZ HE

10/28/2013

Signed at (city and state)

Kathy Lixen TEE

Owner's signature
(or trustee, corporate officer^a, attorney-in-fact^b, if applicable)

Signed date

Kathy.Kathy@gmail.com

Owner's e-mail address

Joint owner's signature

(or trustee, corporate officer^a, attorney-in-fact^b, if applicable)

Annuitant's signature (if other than owner)

^a If company or corporate owned, submit a copy of corporate resolution. Annuities owned by a non-natural person do not qualify for tax deferral and the interest that accumulates in the contract each year must be reported as taxable income.

^b Submit a copy of power of attorney document. The Attorney-in-Fact must sign as follows: Principal's name (usually the owner) by Attorney-in-Fact's name, **Attorney-in-Fact**.

To be answered by agent: I certify that the statements of the applicant have been correctly recorded.

Yes No Does the applicant have an existing life insurance policy or an existing annuity contract?

Yes No Will this annuity replace or change an existing life insurance policy or annuity contract?

During the sales presentation connected with the replacement transaction, I (agent) used only Allianz approved sales materials and left a copy of each piece used with the applicant.

Agent's signature

[Signature]

Date *10/28/2013*